



Pylephlebitis-An Uncommon Complication of Diverticulitis

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Keywords

Pylephlebitis; Diverticulitis; Computed tomographic scan

Clinical Image

A 64 year old male was admitted to the intensive care unit with *Escherichia coli* sepsis. His Magnetic Resonance Cholangiopancreatography (MRCP), followed by a Computed Tomographic scan (CT), revealed a non-occlusive thrombus of splenic vein with extension into the superior mesenteric vein and a peri-colonic abscess associated with sigmoid diverticulitis (Figure 1). He was managed with appropriate antibiotics without anticoagulation. As his clinical status deteriorated, CT scan was repeated. It revealed perforation of the abscess and pylephlebitis (Figure 2) [1]. He underwent an emergent Hartmann's procedure. Pylephlebitis, a suppurative thrombosis of the portal venous system, is a rare complication associated with intra-abdominal infections especially appendicitis and diverticulitis [2]. Etiology is polymicrobial, with *Escherichia coli* and *Bacteroides* species being the common pathogens. Treatment is source control and tailored antibiotic therapy. Anticoagulation use remains controversial. There is a high rate of mortality even with early management [3].

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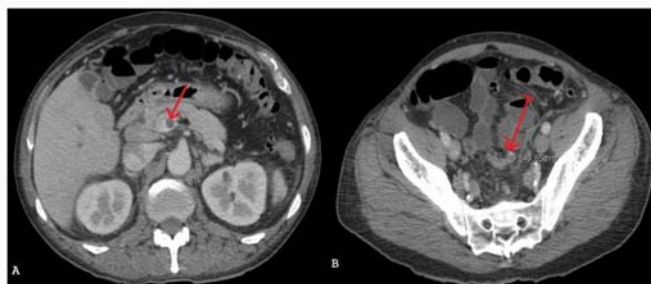


Figure 1: (A) Splenic vein thrombus (arrow) and (B) Pericolic abscess with sigmoid diverticulitis (arrow).

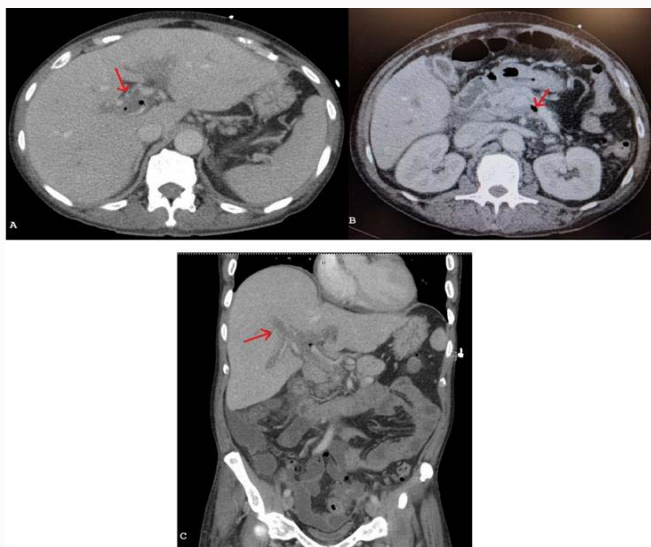


Figure 2: Air in the portal system (A) Portal vein, (B) Splenic vein, (C) Portal confluence thrombus.

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